

**MILITARY CERTIFICATION FOR SKILLS TEST EXEMPTION**

Division of Driver Licensing

200 Mero St.

Frankfort, KY 40622

THIS CERTIFICATION WILL BE THOROUGHLY REVIEWED. IF IT IS FOUND THAT THE APPLICANT DOES NOT MEET THE CERTIFICATION REQUIREMENTS AS ATTESTED THEREIN, PURSUANT TO KRS 186.570 A HEARING WILL BE HELD FOR PERJURY OF THIS CERTIFICATION. THE CDL SHALL BE ISSUED WITHIN 90 DAYS OF DISCHARGE.

**DRIVER INFORMATION**

NAME (LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NUMBER	DATE OF BIRTH
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I certify that I am a resident of this Commonwealth and currently hold a valid Kentucky driver's license, I am in active military service or I have not been discharged more than 90 days. I further certify that I:

- Have not received more than one serious violation in any type vehicle in the preceding two (2) years
- Have not had an operator license or CDL suspension, revocation or cancellation in the prior two (2) years
- Have not been convicted of any of the disqualifying offenses in 49 C.F.R. 383.51(b) of the Federal Motor Carrier Safety Regulations while operating a commercial motor vehicle or any offense in a non-commercial motor vehicle that would be disqualifying if committed in a Commercial Motor Vehicle
- Have not had any convictions for a violation of state or local laws relating to motor vehicle traffic control (other than parking violations) arising in connection with any traffic accident
- Have not been convicted of any motor vehicle violations that resulted in an accident
- For the immediate 2 years prior to this date have been regularly operating a military commercial vehicle representative of the class for which I am requesting the exemption

**CLASS   A        B        C        ENDORSEMENTS        H        N        P        T**  
**AUTO TRANS    Yes   No (circle one)        AIR BRAKES    Yes    No (circle one)**

**I DO SOLEMNLY SWEAR OR AFFIRM UNDER PENALTY OF PERJURY THAT I AM THE PERSON NAMED AND DESCRIBED HEREIN; THAT I HAVE OPERATED THE COMMERCIAL VEHICLE OF WHICH CLASS I AM APPLYING FOR THE EXEMPTION WITHIN THE TWO (2) YEARS IMMEDIATELY PRECEDING TODAY'S DATE. THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT.**

SIGNATURE:

DATE:

**THE FOLLOWING INFORMATION IS TO BE COMPLETED BY COMMANDING OFFICER**

NAME OF MILITARY BASE	CITY	STATE	ZIP CODE
STREET ADDRESS		TELEPHONE NUMBER	
<b>I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE NAMED PERSON HAS OPERATED A COMMERCIAL MOTOR VEHICLE WHILE IN THE MILITARY FOR THE TWO (2) YEARS PRIOR TO THE DATE OF THIS APPLICATION. I FURTHER CERTIFY THAT I HAVE NO KNOWLEDGE OF, NOR DO THE DRIVER FILES MAINTAINED ON THIS DRIVER SHOW ANY CONVICTIONS FOR VIOLATIONS OR FOR ANY ACCIDENT IN WHICH THE DRIVER WAS AT FAULT.</b>			
NAME (print)		OCCUPATION TITLE	
SIGNATURE		DATE	